

New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services
Richard M. Flynn Fire Academy

Two-State Weekend Admission Application
September 19-21, 2008

Name: _____ Soc. Sec. #: _____

Department: _____ Dept. Phone #: _____

Please indicate your course selections in order of preference:

1. _____

2. _____

3. _____

Selection will be on a first come, first served basis so that early registration is essential to secure your first choice.

I have read and understand the NFA Rules of Conduct and Student Dress Code that will be in effect during my stay at the National Fire Academy.

Printed Name: _____ Date: _____

Signature: _____ Date: _____

This form must be completely filled out and returned with appropriate payment method and the fully completed National Fire Academy Form 75-5A to be considered for participation in this weekend event!

Mail forms to:

New Hampshire Fire Academy
33 Hazen Drive
Concord, NH 03305
(603) 271-2661

PAYMENT METHOD	
_____ Personal Check	_____ Credit Card: \$10.00 minimum in all charges
_____ Agency PO Enclosed	Full Name Listed on Card: _____
_____ Agency Payment Advice	Card Number: _____
	Exp. Date: _____
	Signature: _____
Signature required (see below)	Payment Amount \$: _____

PLEASE ALLOW 6-8 WEEKS FOR REFUNDS

The _____ agrees to pay all fees for attendance of the listed applicant upon billing by the Division of Fire Standards & Training and Emergency Medical Services.

Signature of Agency Representative: _____ Date: _____